

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700184 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		13				
15		13				
16		13				
17		13				
18						
19						
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS	1	1	1	1	1	1

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.		1	
TOTAL DEP.		1	
TOTAL CLAIMS	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS